

Michigan IFTA Fuel Tax License Application

Issued under P.A. 119 of 1980, as amended.

INSTRUCTIONS: Read attached instructions before completing this application. When applying for additional decals complete only items 2, 3, 6 and 17, plus sign and date. Complete item 1 only if the decal year you need is different than the year preprinted on this form. Allow 30 days for processing.

☐ a. New ☐ b. Additional Decals

▶ 6. Complete Company Name (include, if applicable, Corp., Inc., P.C., L.L.C., etc.) Business Name, Assumed Name or DBA (if used) Address (Number and Street or RR) City, State, ZIP Country		<div style="border: 1px solid black; padding: 2px; text-align: center;">License Year</div> ▶ 2. Federal Employer Identification Number or See Instructions <div style="border: 1px solid black; height: 15px; width: 100%;"></div> ▶ 3. Social Security Number <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="display: flex;"><div style="width: 50%;">▶ 4. U.S. DOT Number <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div><div style="width: 50%;">▶ 5. IRP Number <div style="border: 1px solid black; height: 15px; width: 100%;"></div></div></div> 7. Contact Person ▶ Business Telephone Home Telephone 8. In what month and year did you begin doing business in Michigan?																																																																																																																	
9. Do you maintain bulk fuel storage in Michigan? ▶ a. <input type="checkbox"/> Yes <input type="checkbox"/> No b. If Yes to part a, what is the storage capacity in gallons? _____ gallons c. What is the location of storage tanks? _____ Do you maintain bulk fuel storage in other IFTA jurisdictions? ▶ d. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the jurisdictions below.		▶ 10. Is your IFTA license currently revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the jurisdictions below in which your license is revoked. 11a. Do you operate part of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No 11b. If Yes, list months below.																																																																																																																	
▶ 12. Type of Business Ownership (check one only) <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 25%;"><input type="checkbox"/> 1. Individual</div><div style="width: 25%;"><input type="checkbox"/> 2. Partnership</div><div style="width: 25%;"><input type="checkbox"/> 3. Corporation</div><div style="width: 25%;"><input type="checkbox"/> 4. Limited Liability Partnership</div><div style="width: 25%;"><input type="checkbox"/> 5. Limited Liability Corporation</div><div style="width: 25%;"><input type="checkbox"/> 6. Non-Profit</div><div style="width: 25%;"><input type="checkbox"/> 7. Government</div><div style="width: 25%;"><input type="checkbox"/> 8. Religious</div><div style="width: 25%;"><input type="checkbox"/> 9. Other _____</div></div>																																																																																																																			
13. Physical address if different than address listed in item 6. This is the actual location of the business. Enter complete address. ▶ Address (Number and Street, or RR) <div style="display: flex;"><div style="width: 30%;">▶ City</div><div style="width: 15%;">▶ State</div><div style="width: 20%;">▶ ZIP Code</div><div style="width: 35%;">▶ Country</div></div>																																																																																																																			
▶ 14. What type(s) of fuel are used in the vehicle(s) in your fleet? (Check all that apply): <div style="display: flex; flex-wrap: wrap; padding: 5px;"><div style="width: 25%;"><input type="checkbox"/> a. A-55</div><div style="width: 25%;"><input type="checkbox"/> b. E-85</div><div style="width: 25%;"><input type="checkbox"/> c. M-85</div><div style="width: 25%;"><input type="checkbox"/> d. Methanol</div><div style="width: 25%;"><input type="checkbox"/> e. LNG</div><div style="width: 25%;"><input type="checkbox"/> f. Diesel</div><div style="width: 25%;"><input type="checkbox"/> g. Gasoline</div><div style="width: 25%;"><input type="checkbox"/> h. Propane</div><div style="width: 25%;"><input type="checkbox"/> i. CNG</div><div style="width: 25%;"><input type="checkbox"/> j. Ethanol</div><div style="width: 25%;"><input type="checkbox"/> k. Gasohol</div><div style="width: 25%;"><input type="checkbox"/> l. Other (Specify) _____</div></div>																																																																																																																			
▶ 15. In which jurisdictions do you operate motor vehicles? (Check all that apply): <table style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="4"></th><th colspan="4" style="text-align: right;">Canadian Provinces</th></tr></thead><tbody><tr><td>1. <input type="checkbox"/> Alabama</td><td>14. <input type="checkbox"/> Illinois</td><td>27. <input type="checkbox"/> Montana</td><td>40. <input type="checkbox"/> Rhode Island</td><td>52. <input type="checkbox"/> Alberta</td><td colspan="3"></td></tr><tr><td>2. <input type="checkbox"/></td><td>15. <input type="checkbox"/> Indiana</td><td>28. <input type="checkbox"/> North Carolina</td><td>41. <input type="checkbox"/> South Carolina</td><td>53. <input type="checkbox"/> British Columbia</td><td colspan="3"></td></tr><tr><td>3. <input type="checkbox"/> Arkansas</td><td>16. <input type="checkbox"/> Iowa</td><td>29. <input type="checkbox"/> North Dakota</td><td>42. <input type="checkbox"/> South Dakota</td><td>54. <input type="checkbox"/> Manitoba</td><td colspan="3"></td></tr><tr><td>4. 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16a. Are your vehicles involved in a lease agreement? ▶ <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If yes, who is responsible for reporting all operations? b. Enter address information for lessor and lessee in items 23a and 23b on the reverse side of this form. ▶ <input type="checkbox"/> a. Lessor <input type="checkbox"/> b. Lessee																																																																																																																			
▶ 17. Number of IFTA decal sets you will need for your "Qualifying Vehicles" (Please see instructions): ▶ _____ These decals are serialized and you are accountable for the numbers issued to your account. These decals are not transferable under a penalty of law.																																																																																																																			

18. How many people will you employ who are subject to Michigan withholding?	
19. Estimated annual Michigan gross receipts?	GROSS RECEIPTS are from (a) sales of inventory items, (b) rental or leases, (c) performance of services, interest, royalties, etc., to the extent they are derived from business activity.
20. Indicate IFTA jurisdictions in which you are currently licensed for IFTA (enter "none" if you have never been licensed for IFTA.)	
21. Address where your records are available for audit purposes if different than address in item 6. Enter complete address.	

Complete all information for each owner, partner, member or corporate officer. Attach a separate list if necessary.

22a. Name (Last, First, Middle, Jr./Sr./III)	Home Telephone
Business Title	Date of Birth
Residence Address (Number and Street or RR)	Social Security Number
City, State, ZIP	Driver License/Michigan Identification
22b. Name (Last, First, Middle, Jr./Sr./III)	Home Telephone
Business Title	Date of Birth
Residence Address (Number and Street or RR)	Social Security Number
City, State, ZIP	Driver License/Michigan Identification

Complete the following if your vehicles are involved in a lease agreement.

23a. Name of Lessor	23b. Name of Lessee
Address (Number and Street or RR)	Address (Number and Street or RR)
City, State, ZIP	City, State, ZIP
<div style="display: flex; justify-content: space-between;"> Telephone Fax </div>	<div style="display: flex; justify-content: space-between;"> Telephone Fax </div>

TERMS: The IFTA applicant agrees to comply with the timely reporting and payment of tax, record keeping, license display (copy in cab of each unit) and decal display requirements as specified in the International Fuel Tax Agreement. The applicant agrees to make their records available for audit in Michigan. If the applicant fails to do so, the applicant agrees to pay any costs incurred in obtaining and auditing their records. The applicant further agrees that Michigan may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with any of the terms will be grounds for revocation of the license in all member jurisdictions.

The IFTA applicant further, specifically:

1. Agrees to maintain a record of fuel purchased and miles traveled within each jurisdiction by each vehicle, and
2. Agrees that Michigan may collect any delinquent taxes due under IFTA for IFTA member jurisdictions under authority of Michigan laws that provide for the collection of delinquent taxes.

All applicants agree, under penalty of perjury, that the information given on this application is, to the best of his or her knowledge, true, accurate, and complete.

AUTHORIZATION

This form must be signed by an owner, partner, or corporate officer listed above or by an authorized agent. If signed by an authorized agent, a properly completed <i>Power of Attorney Authorization</i> (Form 151) must be attached to this application. A signature below indicates agreement to the above terms and other IFTA provisions.	
Signature	Date
Print or Type Name and Title	

NOTE: If you have delinquent IFTA returns your application will not be processed until the delinquent returns are filed and all tax due is paid.

Mail your application to:

**Motor Fuel Tax Division
Michigan Department of Treasury
P.O. Box 30474
Lansing, MI 48909-7974**

If you have any questions, please contact the IFTA Section at (517)636-4580 or by fax at (517) 636-4593. Deaf, hearing or speech impaired persons should call 517-636-4999 (TTY).